

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on April 30, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was nine. Nine resident files were reviewed. The facility received a grade of D.</p> <p>Complaint #21787 was substantiated. See Tag(s) Y 0173, Y 0176, Y 0178, Y 0179, Y 0250, Y 0251, Y 0252, Y 0253, Y0272, Y 0273, Y 0274, Y 0275, Y 0276 and Y 0357.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 173 SS=D	<p>449.209(3) Health and Sanitation-Inside garbage</p> <p>NAC 449.209</p> <p>3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered</p>	Y 173		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 173	Continued From page 1  unless they are used for food, bodily waste or medical waste.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the garage container located in the kitchen was covered.  Severity: 2 Scope: 1	Y 173			
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents.  This Regulation is not met as evidenced by: Based on observation on 4/30/09, the facility failed to keep the food cupboard free from ants.  Severity: 2 Scope: 3	Y 176			
Y 178 SS=E	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are	Y 178			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 250	Continued From page 3  facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.  This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility did not ensure its equipment (dishwasher and refrigerator) were in good working condition.  Severity: 2 Scope: 3	Y 250			
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated  NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.  This Regulation is not met as evidenced by: Based on observation on 4/30/09, the facility failed to ensure refrigerated foods were kept at a temperature of 40 degrees or less.  Severity: 2 Scope: 3	Y 251			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 252	Continued From page 4	Y 252			
Y 252 SS=D	<p>449.217(3) Storage of Food-Adequate storage; Packaging</p> <p>NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to assure food was appropriately packaged (uncovered open hot dogs, uncovered jello with white debris on top and flour, pancake mix and grits kept in relish container and mayonnaise containers).</p> <p>Severity: 2      Scope: 1</p>	Y 252			
Y 253 SS=F	<p>449.217(4) Adequate Supplies of Food</p> <p>NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to provide at least a 2-day supply of fresh food and at least a 1 week supply of canned food in the facility.</p>	Y 253			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 253	Continued From page 5  Severity: 2      Scope: 3	Y 253			
Y 272 SS=C	449.2175(3) Service of Food - Menus  NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to ensure a planned, dated and posted menu was utilized.  Severity: 1      Scope: 3	Y 272			
Y 273 SS=F	449.2175(4) Service of Food - Special Diets  NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days.  This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to provide a diabetic diet to 1 of 1 residents ordered a special diet (Resident #5).  Severity: 2      Scope: 3	Y 273			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 274	Continued From page 6	Y 274		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions  NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.  This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days.  Severity: 1      Scope: 3	Y 274		
Y 275 SS=F	449.2175(6) Nutritional Requirements  NAC 449.2175\ 6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board, National Academy of Sciences, National Research Council.  This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to provide a reasonable portion of the daily dietary allowances recommended for 9 of 9 residents.  Severity: 2      Scope: 3	Y 275		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 276 SS=F	<p>449.2175(7) Nutrition and Service of Food</p> <p>NAC 449.2175</p> <p>7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to provide nutritious meals and snacks between meals for 9 of 9 residents.</p> <p>Severity: 2      Scope: 3</p>	Y 276		
Y 357 SS=C	<p>449.222(7) Bathrooms and Toilet Facilities</p> <p>NAC 449.222</p> <p>7. Each resident must have his own toilet articles and must be provided with toilet paper, individual towels and wash cloths. Paper towels may be used for hand towels. The towels and wash cloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap.</p>	Y 357		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.



Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3277AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VENICE ADULT GROUP INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3508 VENICE DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 357	Continued From page 8  This Regulation is not met as evidenced by: Based on observation and interview on 4/30/09, the facility failed to provide individual bars of soap or a soap dispenser for 9 of 9 residents.  Severity: 1      Scope: 3	Y 357			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.